

PRECEDE Framework Analysis of the Factors Influencing Life Management of Youth Females, Teen Moms, and their Families

การวิเคราะห์ปัจจัยเชิงสาเหตุที่มีอิทธิพลต่อการจัดการชีวิตของวัยรุ่นหญิง มารดาวัยรุ่นและครอบครัว

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Phitsanu Aphisamacharayothin¹

Abstract

The research aims to study the factors influencing life management of youth females, teen moms, and their families by using PRECEDE Framework. The data were collected by using questionnaires with 500 samples and analyzed by using statistics of mean, S.D., Pearson's product moment correlation coefficient and multiple regression analysis. The results found that the samples had life management at a high level. As for the predisposing factors, health care knowledge was indicated at a moderate level, while attitude towards life, adaptive ability, and self-values perception were found at high levels. Regarding the enabling factors, welfares accessibility was found at a moderate level while resources accessibility was at a high level. In terms of their reinforcing factors, social support from family and peer was stated at high levels, while that from community and health care profession was at moderate levels, had a positive relation to life management at .01 significant level, with the 48.60 percent of effective prediction.

Keywords: *PRECEDE Framework, Life Management, Youth Females, Teen Moms, Families*

¹ Faculty of Social Sciences, Naresuan University, E-mail: phitsanua@nu.ac.th

บทคัดย่อ

การวิจัยนี้มีวัตถุประสงค์เพื่อศึกษาปัจจัยเชิงสาเหตุที่มีอิทธิพลต่อการจัดการชีวิตของวัยรุ่นหญิง มารดาวัยรุ่น และครอบครัว โดยใช้การเก็บข้อมูลเชิงปริมาณด้วยแบบสอบถามกับกลุ่มตัวอย่างจำนวน 500 คน และวิเคราะห์ข้อมูลโดยใช้สถิติค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน สัมประสิทธิ์สหสัมพันธ์แบบเพียร์สัน และการถดถอยพหุคูณ ผลการวิจัยพบว่า กลุ่มตัวอย่างมีการจัดการชีวิตอยู่ในระดับมาก ด้านปัจจัยนำพบว่า มีความรู้ในการดูแลสุขภาพในระดับปานกลาง ในขณะที่มีทัศนคติต่อการดำรงชีวิต ความสามารถในการปรับตัว และการรับรู้คุณค่าในตนเองอยู่ในระดับมาก ส่วนด้านปัจจัยเอื้อ พบว่า มีการเข้าถึงสวัสดิการอยู่ในระดับปานกลาง และมีการเข้าถึงทรัพยากรอยู่ในระดับมาก สำหรับด้านปัจจัยเสริม พบว่า มีการสนับสนุนทางสังคมจากครอบครัวและเพื่อนในระดับมาก และมีการสนับสนุนจากชุมชนและบุคลากรทางสาธารณสุขในระดับปานกลาง ผลการวิจัยยังพบว่า ทัศนคติต่อการดำรงชีวิต ความสามารถในการปรับตัว การรับรู้คุณค่าในตนเอง การเข้าถึงสวัสดิการ การเข้าถึงทรัพยากร การสนับสนุนทางสังคมจากครอบครัว การสนับสนุนทางสังคมจากเพื่อน การสนับสนุนทางสังคมจากชุมชน และการสนับสนุนทางสังคมจากบุคลากรทางสาธารณสุข มีความสัมพันธ์เชิงบวกกับการจัดการชีวิต ของวัยรุ่นหญิง มารดาวัยรุ่น และครอบครัวอย่างมีนัยสำคัญทางสถิติที่ระดับ .01 โดยมีประสิทธิภาพในการทำนายได้ร้อยละ 48.60 และครอบครัวอย่างมีนัยสำคัญทางสถิติที่ระดับ .01 โดยมีประสิทธิภาพในการทำนายได้ร้อยละ 48.60

คำสำคัญ: การวิเคราะห์ปัจจัยเชิงสาเหตุ การจัดการชีวิต วัยรุ่นหญิง มารดาวัยรุ่น ครอบครัว

Introduction

The Bureau of Reproductive Health (2015) found an increasing number of sexual behavior among the youth with age under 20 years, which is the root of problems regarding youth's pregnancy, abortion, and teen-mom incident, and that consequently affects their life management. Considering the survey statistics in 2014, there were 112,278 teen moms or about 47.9 per 1,000 females aged between 15-19 years (Bureau of Reproductive Health, 2014). In Phitsanulok province only, the number of 1,471 teen moms were identified or accounting for about 47.0 per 1,000 females aged between 15-19 years (Chanlamphu, 2015). In 2020, the age of these teen moms is reaching 20-25 years.

The impacts of youth teen mom affected not only them but also their family, particularly on their life management. Hence, youth females should have preparation and self-awareness for

their quality of life. According to the information released by the office of National Economic and Social Development Board (2013), in the next 30 years, Thailand will encounter an economic burden due to the higher number of childbirth from teen moms under 20 years of age, which, at that time, accounted for more than 30 percent of all births (Office of the National Economic and Social Development Board, 2013). The pregnancy problems and being teen moms have tremendous effects on the youth females themselves, as well as on the society, communities, and their families.

The life management of teen moms, youth females, and their families is very important. Besides facing with difficulties of having a psychological impact and social suffering as a single moms, they are required to work harder to provide childcare and simultaneously gain income (Samgoses, 2013). In addition, if teen

moms are unable to care for themselves and their child, it will inevitably affect their families. Therefore, the adjustment of life management is required especially when the teen moms have encountered other difficulties in their life, i.e., being rejected or deprived of supports from their family, leading hence to fewer opportunities for their better life in the future (Wattanasupt & Pannarunothai, 2015). Worst of all, many of teen moms, youth females, and families were also facing with the mental health problems including stress, suffering, and lacking of self-confidence that caused the problems of depression, negative emotional patterns, and mental health risk (Boonchan, 2014). Therefore, it is necessary to promote life management among teen moms and families, as well as youth females who are vulnerable groups, because it will help them to maintain a good quality of life.

As for Thailand, the government has been attempting to promote reproductive health for youth, by providing sexual knowledge in terms of security, responsibilities, as well as preventing unwanted pregnancies, and promoting sexual health and prevention of infections, STDs and AIDS. The focus is basically on providing self-health care, promoting safe sex, and reducing problems of sexual violence and others. However, more is needed to emphasize on the factors that influence their life management (Aphisamacharayothin, 2017b). In the National Economic and Social Development Plan, the pregnancy problem of the youth is one of the important points (Office of the National Economic and Social Development Board, 2012). In addition, according to the prevention and solving of teen pregnancy prevention act, 2016, it has been identified in the fifth section that

the teenagers have the right to make decision as well as maintain their life on an equal basis (Government Gazette, 2016).

To complete the aforesaid goals, life management and other factors that affect life management of teen moms, youth females, and families should be taken into consideration. In this aspect, Thai government agencies in both central and provincial areas, particularly in Phitsanulok, such as the Social Development and Human Security Office and the Provincial Public Health Office, continuously strive to drive various operational plans. A policy associated with promoting and resolving the said issue has been launched while the authorities concerned have attempted to encourage the necessary operation to correct existing problems.

As such, the life management of teen moms, youth females, families in the Thai society and its factors, as well as the development of knowledge and research related to life management, need to be studied. As a result, findings from this research will help to generate policies or projects involved in developing and promoting quality of life, and also help to meet sustainable development goals in health and well-being (Aphisamacharayothin, 2017a). Therefore, it is necessary to understand the causal factors associated with life management, so that the government of Thailand could be using the information from this research to promote life management and empowerment among teen moms, youth females, and families so that they could achieve a good life.

Objective

The research aims to study the factors influencing life management of youth females, teen moms, and their families.

Research Questions

This research had defined questions as follows:

1. How are the life managements of youth females, teen moms, and their families?
2. How are predisposing factors, enabling factors, and reinforcing factors (PRECEDE Framework) of life management of youth females, teen moms, and their families?
3. What factors are relating and influencing life management of youth females, teen moms, and their families?
4. What are the barriers to life management of youth females, teen moms, and their families?

Benefits and Applications of the Research

The information from this research could serve as a guideline for the policy implementation to promote life management and empowerment among teen moms, youth females, and their families to have a good quality of life.

Literature Review

Pregnancy situation of youth females in Thailand and Phitsanulok province

In 2014, the birth rate of youth females aged between 15-19 years had decreased from 2013 to 47.9 per 1,000 persons (Reproductive Health Office, 2014), and the number remains quite stable to more than 47.0 per 1,000 persons in 2019. The trend of repeated delivery of all female mothers increased from 11.3 percent to 12.8 percent, and the youth females aged between 10-19 years had a repeated delivery tendency from 11.0 to 12.4 percent (Reproductive Health Office, 2014).

The delivery rate of youth females in Phitsanulok province showed that the maternity rate of the youth females aged less than 20 years

was as high as 1,471 persons or 47.0 per 1,000 persons, which is close to the country statistic of 47.9 per 1,000 youth females aged between 15-19 years (Phitsanulok Social Development and Human Security Office, 2016).

Life management

Life management refers to one's ability to adapt and add positive behaviors. When individuals are facing problems, they can manage their situation and needs effectively (Sharma, 2013). Life management is also related to goals and planning. Human life management involves the demands that occur both inside and outside of the individual. Life management can help individuals to be able to live well and to survive (Berrein, 1968). The human's life is often constantly changing, so, it is necessary to manage life appropriately to balance as needed. The basic requirements of human beings include physical needs, social-relation needs, mental needs, and spiritual or self-development needs (James, 1982).

The key goal of life management is the ability to live well and be delighted, as well as be able to meet one's needs appropriately. If talking about human needs, it is necessary to consider the composition of the hierarchy of needs theory, which is a theory developed by the Maslow (1954) and Deckers (2018). The theory is indicating that the person has a sort requirement from the most basic level to the highest level. This includes requirements of physiological needs, safety needs, social needs, esteem needs, and self-actualization needs. The most of the problems that teen moms, youth females, and their families have faced are including the problem of quality of life. So, the creating of a strong life management will help them achieve a quality life.

PRECEDE framework

This research has applied the PRECEDE conceptual framework (Green & Krueter, 1999), which is part of the PRECEDE-PROCEED Model that analyzes the health habits and causes of behavior for the policy planning. The PRECEDE-PROCEED model is a cost-benefit evaluation framework that can help health program planners, policy makers and other evaluators analyze situations and design health programs efficiently. There are three factors used to for such analysis: predisposing factors, enabling factors, and reinforcing factors.

Predisposing factors contribute to the motivation or expression of a person's behavior, and they include knowledge, attitudes, beliefs, personal preferences, existing skills, and self-efficacy towards the desired behavior change. Reinforcing factors support the behavior such as social support from family, peer, and community. They include those that reward or reinforce the desired behavior change, including social support, economic rewards, and changing social norms. Enabling factors are the resources needed to represent a person's behavior, including skills or physical factors such as availability and accessibility of resources, or services that facilitate the achievement of motivation to change behavior (Glanz & Rimer, 2005). These three factors could be influencing to the individual's behavior. Hence, the application of the PRECEDE-PROCEED planning model in Thailand could demonstrate the feasibility to develop and evaluate interventions for Thai population (Aungkana, 2008).

Methodology

This research is a survey study that focuses on the use of quantitative research methodology.

The research aims to study the factors influencing life management of youth females, teen moms, and their families.

Samples

The samples of this research were selected by using simple random sampling technique. Using formation of Daniel (2009), the sample size was calculated from totally 604,295 populations in Phitsanulok province, and 500 samples were obtained. Due to the proportions of youth females, teen moms, and families in the population were about 40%, 40%, and 10% respectively, the researcher thus selected 100 teen moms, 200 youth females, and 200 families to represent the said population proportions in Phitsanulok province. The inclusion criterion is a teen mom aged 20-25 years, a youth female aged 20-25 years (according to the definition of UNICEF, 2008), and a representative family aged 20 years or above who are willing to participate in the research. The researcher conducted a data collection in accordance with the stipulated ethical conducts and human right protection, as the research procedures being approved by the ethical certification from Naresuan University with the COA No. 664/2018; IRB No.0830/61. The exclusion criterion is the person who cannot read and have not enough of time to complete the questionnaire.

Variables

The researcher had determined the variables in this study by applying the concept of PRECEDE framework. The independent variables were including predisposing factors such as health care knowledge, attitude towards life, adaptive ability, and self-value perception; enabling factors were including welfare accessibility and resources accessibility; reinforcing factors were including social support from family, peer, community

and health care profession. In addition, the dependent variable was life management. Besides, the researcher also studied the barriers to life management that will help to provide the useful information.

Data collection and data analysis

The researcher used a questionnaire for collecting data. The questionnaire consisted of 5 parts to collect data concerning the predisposing factors, enabling factors, reinforcing factors, life management, as well as problems and barriers. The items were invented in both checklist and 5 levels rating scales formats. The content validity of the questionnaire was verified 3 experts, from whom the values of Index of Item Objective Congruence were acceptably found to be 0.60-1.00 in all factors. The discrimination analysis using the correlation test yielded the values of higher than 2.0 and the difficulty of knowledge testing yielded the values between 0.2-0.8 in all questions. In addition, the reliability analysis using alpha coefficient test (Cronbach, 1951) and KR20 test (Kuder & Richardson, 1937) yielded the values higher than 0.75 in all factors. The total reliability of the questionnaire was equal to 0.96. The data was analyzed by using statistics of frequency, percentage, mean, standard deviation, χ^2 test, Pearson product-moment correlation coefficient, and multiple-regression analysis.

Scope and limitation of the research

This study focused specifically only on life management of youth females, teen moms, and their families by applying the concept of PRECEDE framework. The study was limited merely to the area of Phitsanulok province in which the samples were recruited in the Mueang District only.

Results

Life management

In overall, the samples had high level of life management ($\bar{X} = 3.66$, S.D. = 0.649), by completing their self-care using exercises, proper food intakes, and appropriate rests ($\bar{X} = 3.74$, S.D. = 0.828) at high level. They could deal with their emotional and mental conditions, while being happy and stress-free ($\bar{X} = 3.72$, S.D. = 0.747) at high level. They could also live in their family without problems and conflicts ($\bar{X} = 3.71$, S.D. = 0.853) and could associate with friends without problems and conflicts ($\bar{X} = 3.71$, S.D. = 0.793) at high level. Moreover, they could always find a way to develop their knowledge and education ($\bar{X} = 3.67$, S.D. = 0.816) and to live without barriers ($\bar{X} = 3.64$, S.D. = 0.844) at high level. Besides, they could develop the skills needed for living ($\bar{X} = 3.66$, S.D. = 0.876), work with full potential ($\bar{X} = 3.64$, S.D. = 0.966), manage their money saving ($\bar{X} = 3.55$, S.D. = 0.947), and earn enough income ($\bar{X} = 3.53$, S.D. = 0.927) at high level (Table 1).

Table 1 Means and standard deviations of life management of the samples

Life Managements	Teen Moms (n=100)			Youth Females (n=200)			Families (n=200)			Overall (n=500)		
	$\bar{X}$	S.D.	level	$\bar{X}$	S.D.	level	$\bar{X}$	S.D.	level	$\bar{X}$	S.D.	level
Self-health care management	3.41	0.651	moderate	3.74	0.824	high	3.80	0.858	high	3.74	0.828	high
Mental management	3.35	0.702	moderate	3.71	0.707	high	3.73	0.832	high	3.72	0.747	high
Problems management	3.25	0.730	moderate	3.59	0.876	high	3.80	0.885	high	3.71	0.853	high
Relation management	3.34	0.685	moderate	3.68	0.781	high	3.67	0.857	high	3.71	0.793	high
Knowledge management	3.46	0.804	moderate	3.70	0.828	high	3.62	0.830	high	3.67	0.816	high
Living management	3.33	0.726	moderate	3.66	0.818	high	3.69	0.883	high	3.66	0.844	high
Skills development	3.43	0.805	moderate	3.63	0.865	high	3.70	0.887	high	3.66	0.876	high
Career management	3.31	0.907	moderate	3.55	0.996	high	3.79	0.824	high	3.64	0.966	high
Money saving management	3.20	0.917	moderate	3.52	0.956	high	3.65	0.862	high	3.55	0.947	high
Self-income management	3.30	0.870	moderate	3.53	0.918	high	3.62	0.860	high	3.53	0.927	high
Average	3.35	0.606	moderate	3.63	0.619	high	3.70	0.693	high	3.66	0.649	high

Predisposing, enabling, and enabling factors

As for the PRECEDE framework, the analysis of predisposing factors revealed health care knowledge at the moderate level ($\bar{X}$ = 11.41 or 57.05% of total scores, S.D. = 6.093). They had attitude towards life ($\bar{X}$ = 3.54, S.D. = 0.522), adaptive ability ($\bar{X}$ = 3.56, S.D. = 0.569), and self-values perception ($\bar{X}$ = 3.76, S.D. = 0.595) at high levels.

The analysis of enabling factors indicated welfares accessibility at a moderate level ($\bar{X}$ = 3.49, S.D. = 0.612), and resources accessibility at a high level ($\bar{X}$ = 3.54, S.D. = 0.617). In addition, the analysis of reinforcing factors found that they received social support from family ($\bar{X}$ = 3.94, S.D. = 0.701) and peer ($\bar{X}$ = 3.63, S.D. = 0.652) at high levels, and they as well received social support from community ($\bar{X}$ = 3.37, S.D. = 0.734) and health care profession ($\bar{X}$ = 3.38, S.D. = 0.664) at moderate levels.

Factors influencing life management

The relationship analysis revealed that attitude towards life (X_a), adaptive ability (X_b), self-values perception (X_c), welfare accessibility (X_d), resources accessibility (X_e), social support from family (X_f), peer (X_g), community (X_h), and health care profession (X_i) had positive relationship to life management (Y) at .05 significant level ($r = 0.452, 0.488, 0.554, 0.443, 0.436, 0.469, 0.520, 0.404, \text{ and } 0.554$ respectively),

while health care knowledge (X_j) was not related to life management. As for the predictive analysis, it indicated that adaptive ability (X_b), self-values perception (X_c), social support from family (X_f), peer (X_g), community (X_h), and health care profession (X_i) had positive affected on life management at .05 significant level ($\beta = 0.098, 0.277, 0.144, 0.135, 0.145, \text{ and } 0.371$, respectively) (Table 2).

Table 2 Relationship and predictive analyses of factors influencing life management

Factors (n = 500)	Teen Moms		Youth Females		Families		Overall	
	β	t	β	t	β	t	β	t
CONSTANT	0.770	1.751*	0.562	2.139*	-0.231	-0.944*	0.318***	1.959*
		(p=.038)		(p=.034)		(p=.046)		(p=.050)
Health care Knowledge (X_j) ^A	-0.224	-2.766**	0.049	0.877	-0.027	-0.609	-0.046	-1.392
		(p=.007)		(p=.382)		(p=.543)	(r=-0.082)	(p=.165)
Attitude Towards Life (X_a) ^A	0.024	0.249	-0.054	-0.854	0.013	0.175	-0.019	-0.385
		(p=.804)		(p=.394)		(p=.861)	(r=+0.452**)	(p=.700)
Adaptive Ability (X_b) ^A	0.026	0.261	-0.070	-1.051	0.290	4.558**	0.100	2.342*
		(p=.795)		(p=.295)		(p=.000)	(r=+0.488**)	(p=.020)
Self-Values Perception (X_c) ^A	0.190	2.150**	0.366	5.606**	0.232	3.345**	0.302	6.727**
		(p=.034)		(p=.000)		(p=.001)	(r=+0.554**)	(p=.000)
Welfare Accessibility (X_d) ^B	0.057	0.597	-0.002	-0.022	-0.047	-0.760	0.003	0.067
		(p=.552)		(p=.982)		(p=.448)	(r=+0.443**)	(p=.947)
Resources Accessibility (X_e) ^B	-0.067	-0.618	0.033	0.533	0.014	0.211	0.022	0.533
		(p=.538)		(p=.595)		(p=.833)	(r=+0.436**)	(p=.594)
Social Support from Family (X_f) ^C	0.232	2.457*	0.161	2.572*	0.074	1.135	0.138	3.368**
		(p=.016)		(p=.011)		(p=.258)	(r=+0.469**)	(p=.001)
Social Support from Peer (X_g) ^C	0.226	2.151*	0.028	0.386	0.236	3.098**	0.143	2.649**
		(p=.034)		(p=.700)		(p=.002)	(r=+0.520**)	(p=.008)
Social Support from Community (X_h) ^C	-0.074	-0.595	-0.089	-1.239	-0.271	-3.742**	0.137	2.946**
		(p=.553)		(p=.217)		(p=.000)	(r=+.0404**)	(p=.003)

Table 2 Relationship and predictive analyses of factors influencing life management (continue)

Factors (n = 500)	Teen Moms		Youth Females		Families		Overall	
	β	t	β	t	β	t	β	t
Social Support from Health Care Profession (X_i) ^c	0.190	2.023*	0.327	5.606**	0.402	5.546**	0.353	8.095**
		(p=.046)		(p=.000)		(p=.000)	(r=+.0554**)	(p=.000)
R =	0.658		0.646		0.798		0.697 ***	
F =	14.373** (p=.000)		46.875** (p=.000)		68.036** (p=.000)		77.791** (p=.000) ***	
R ² =	0.433		0.418		0.637		0.486 ***	

* p-value < 0.05

** p-value < 0.01

^a predisposing factors ^b enabling factors ^c reinforcing factors*** Predictors : (constant), x_a , x_b , x_c , x_f , x_g , x_h , x_i and dependent variable: life management (Y)

When analyzing the predicting variables, which were adaptive ability (X_b), self-values perception (X_c), social support from family (X_f), social support from peer (X_g), social support from community (X_h), and social support from health care profession (X_i), it was found that the β values were equal to 0.098, 0.277, 0.144, 0.135, 0.145 and 0.371 respectively. Besides,

the results show the estimate equation of prediction as $\hat{Y} = 0.318 + 0.098(X_b) + 0.277(X_c) + 0.144(X_f) + 0.135(X_g) + 0.145(X_h) + 0.371(X_i)$, with $R^2 = 0.486$, or 48.60 percent of effective prediction. The model of influencing factors on life management of youth females, teen moms, and their families are indicated in Figure 1.

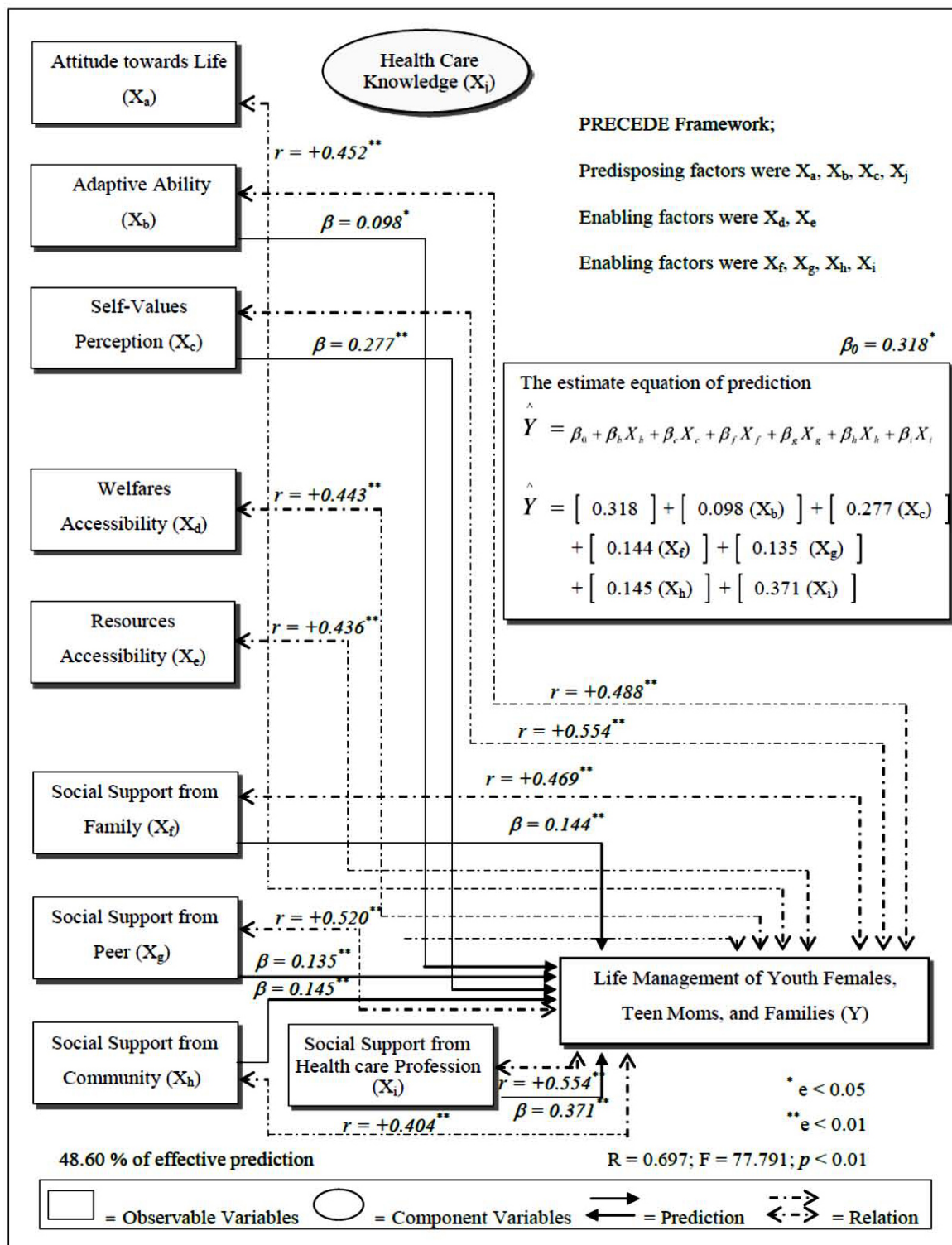


Figure 1 The model of influencing factors on life management

Conclusion and Discussion

Life management involves with the needs that occur both inside and outside of individuals in order to be able to have a happy life and survival (Berrein, 1968), thus allowing youth females, teen moms, and their families to manage their own life which is an important foundation of the living. They preferred to live smoothly to respond appropriately to their needs (Maslow, 1954), by giving priority to self-care and quality of life. However, according to the result of the research, it had showed that the effects of pregnancy of teen moms had caused problems in the availability of life and quality of life. This would make teen moms to have life management at the moderate level but lower than that of youth females and families whose life management was at the high level. This might be due to the fact that teen moms were being a mother at young age so they always faced with the problems of living conditions that were often different from the past (Phimthavorn, Na-Thalang, & Chinsri, 2014) and affected the level of their life management.

The findings of predisposing factors in the PRECEDE framework were in accordance with the study of Atsakul (2013)'s; that is, the individuals could live with the reality and had positive change of thinking, and they also had self-acceptance and had learned through their experiences (Soison, 2010). Moreover, the findings of enabling factors were in accordance with the study of Khamsuwan and Chokthananukun (2012)'s; that is, the individuals still face with the lacking of various elements necessary for quality of life, leading to the unfair rights and inequity of the opportunities to access resources. Although they had the ability to access welfares and various resources, they still experienced

different opportunities. Hence, the accessibility was an important element of basic needs.

The findings of enabling factors were in accordance with the study of Atsakul (2013)'s and it could be discussed that family and peer were groups of people who were closely connected and were most likely to be a supporting group. For the support from communities and health care profession, it depended on the social structure that involved with stigmatization and discrimination (Aphisamacharayothin, 2017a).

The findings also indicated that the youth females, teen moms, and their families had high level of life management, with the values of predisposing factors, enabling factors, and reinforcing factors varying from moderate to high levels. The relationship analysis and predictive analysis also revealed significant contribution of the independent variables to life management. The said findings were in accordance with the study of Srisopha and Kanchanawan (2015)'s and it could be discussed that the predisposing factors were internal factors which could lead to the motivation of behavioral display that might be derived from learning experiences. The enabling factors were contextual elements that would help to promote behavior, while the reinforcing factors supported or encouraged the practice. Hence, human behavior was influenced by the elements of such factors (Green & Krueter, 1999).

As for the barriers to life management, the youth females, teen moms, and their families had faced with the most of barriers including the stigmatization and discrimination when some of the family's members or friends were becoming a teen mom. For this, the solutions to the problems were self-encouragement, positive thinking, and forward moving. This

information was in accordance with the study of Atsakul (2013)'s and the study of Khamsuwan and Chokthananukun (2012)'s that showed the marginalization and social impact on the individuals. It could be discussed that life management was still greatly affected by social stigmatization and discrimination, since the understanding or belief of people in society towards being a teen mom or behavior did not conform to social norms (Aphisamacharayothin, 2017b). It was a pain that affected their life.

Recommendation

According to the findings, youth females, teen moms, and families had capacity to earn enough money and have appropriate savings at the lowest average in life management elements. Therefore, the relevant agencies such as the Social Development and Human Security Office, the Subdistrict Administrative Organizations, and the Provincial Public Health Office should promote policies or projects on the development of professional skills to be a guideline for having a suitable career and generating sufficient income. Moreover, the study found that they had accessed to social welfare at a moderate level. Therefore, the relevant agencies should focus on promoting equality of accessing to public services, as well as consideration of fairness and service quality. Besides, the study found that they had received social support from family and peer at the high level but they had received social support from the community and health personnel at the moderate level. Therefore, the relevant agencies should focus on finding the ways to support and help even more in order to create quality and sufficient social supports. In addition, due to the predictive power of adaptive ability,

self-values perception, and social support, the relevant agencies should promote these factors in order to strengthen the target's suitable and sustainable quality of life. However, it was found that the barriers to life management were stigmatization and discrimination. Therefore, the relevant agencies should find the ways to create more positive perspective among social members that would cause the reduction of stigmatization and discrimination.

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